

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
*091236236*  
APPLICANT(S)

FILING DATE  
*3-6-98*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<i>3</i>	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	<i>31</i>	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	<i>34</i>						TOTAL CLAIMS						